

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002907

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 2

FILED JAN 28 1963

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Parkville</u>		c. CITY OR TOWN <u>Parkville</u>	
Length of stay in lb <u>2 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>R7D Bell Road - N.W.</u>		d. STREET ADDRESS (If outside, give location) <u>Bell road. R7D.</u>	
HOSPITAL OR INSTITUTION		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Wincey E. Younger</u>			4. DATE OF DEATH Month Day Year <u>Jan 14 1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-18-1873</u>	9. AGE (last birthday) <u>89</u>	IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and state or country) <u>Lone Jack. Mo</u>	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Franklin Holcomb</u>		13b. MOTHER'S MAIDEN NAME <u>Wincey Jones</u>	
14. NAME OF HUSBAND OR WIFE <u>Arthur Younger. Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT <u>Mrs Clara Owens 6106 Bell rd. N.W.</u>		18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>cardi nonatus in</u> Co of stomach DUE TO (b) <u>Co of stomach</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ASH</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>1950</u> to <u>1963</u> and last saw her alive on <u>Jan 1, 1963</u> Death occurred at <u>8:30A</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>H. Johnson</u>			
22b. ADDRESS <u>Platte City, MO</u>		22c. DATE SIGNED <u>1/14/63</u>			

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Jan-15-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hayt</u>	23d. LOCATION (City, town, or county) <u>Hayt. Kansas</u>	23e. STATE <u>Kansas</u>
24. FUNERAL DIRECTOR <u>Mercer Funeral Home, Holton, Kan.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 14. 63</u>		26. REGISTRAR'S SIGNATURE <u>Ophelia Rollins</u>

(Licensed Embalmers Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed *Leland H. Francis*

Licensed Embalmer No. 3451

P. O. Address *Parkville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.